

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029451

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 276

Primary Registration District No. 4410

Registrar's No. 32

FILED JUL 30 1963

## 1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

ST. James

Length of stay in 1b

29 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

AT home -

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Phelps

c. CITY OR TOWN

ST. James

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

226 E. Hardy

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Fred

Middle R.

Last Barber

4. DATE OF DEATH

Month July

Day 22

Year '63

5. SEX

male

6. COLOR OR RACE

white

7. Married

Never Married ☒

8. DATE OF BIRTH

Feb. 1913

9. AGE (last birthday)

50

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MINISTER

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

Laclede Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Anail Barber

13b. MOTHER'S MAIDEN NAME

Ellen Grant

14. NAME OF HUSBAND OR WIFE

Aileen Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

1142 Aileen Barber - ST. James, Mo.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

15 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

Arteriosclerotic Heart Disease.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-22-63 to 7-22-63 and last saw him alive on 10:30 P.M. Death occurred at 10:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. P. Bulick, D. O.

22b. ADDRESS

110 N. Jefferson

22c. DATE SIGNED

7/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-25-63

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cem.

23d. LOCATION (City, town, or county)

ST. James

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

Orville E. Lieblinger - St. James, Mo.

25. DATE RECD. BY LOCAL REG.

7-24-1963

26. REGISTRAR'S SIGNATURE

Ruth A. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300 Rev. 4/59

10810

20710

3

4 0

5 1

6

7 0

8 10

94200

10

11

12 90-2

13 2-0

AUG 13 1963

291244

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orrel E. Dickler

Licensed Embalmer No. 3546

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.